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|---|------------|---|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br>P9219.0007      |             |
| Application Number      10/821,913-Conf. #2455  |            | Filed      April 12, 2004                   |             |
| For      MULTI-ELEMENT MAGNETIC SENSOR AND PRODUCTION METHOD  |            |   |             |
| Art Unit      2862  |            | Examiner      D. M. Schindler               |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                     |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65  | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245                                       | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555                                       | \$ 1,110.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865                                       | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                      | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |             |
| <input checked="" type="checkbox"/> Payment by credit card.   |            |   |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u> .                 |            |   |             |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>34,425</u>  |            |   |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |             |
| _____<br>/Michael J. Scheer/<br>Signature   |            | _____<br>July 19, 2010<br>Date              |             |
| _____<br>Michael J. Scheer<br>Typed or printed name   |            | _____<br>(310) 772-8364<br>Telephone Number |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |            |   |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |             |